

## TACTICAL RESPONSE REPORT/Chicago Police Department

|   |   |  |   |  |  |  |   |   |  |   |  |  |  |   |                                       |  |
|---|---|--|---|--|--|--|---|---|--|---|--|--|--|---|---------------------------------------|--|
| 1. DATE OF INCIDENT<br>07-JUN-2016  |   | 2. TIME<br>00:25:00  |   | 3. ADDRESS OF OCCURRENCE<br>1438 W 63RD ST CHICAGO, IL 60630 |  | 4. LOCATION GRID<br>281  |   | 5. BEAT/GRID<br>0713  |  |   |  |  |  |   |                                       |  |
| MEMBER INVOLVED   | 6. POSITION<br>9161   |  | 7. LAST NAME<br>BANDOLA   |  | 8. FIRST NAME<br>ROBERT S  |  | 9. STAR NO<br>7810  |   | 10. SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F  |   | 11. RACE/ETHNICITY<br>WHI  |  | 12. HT<br>509  |   | 13. WT<br>190                         |  |
|   | 14. DATE OF APPL<br>27-NOV-2008   |  | 15. EMPLOYEE NO   |  | 16. UNIT & BEAT OF ASSIGNMENT<br>007 0715R   |  | 17. DUTY STATUS<br><input checked="" type="checkbox"/> On <input type="checkbox"/> Off  |   | 18. MEMBER INJURED<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   | 19. MEMBER IN UNIFORM<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                               |  |  |   |                                       |  |
|   | 20. (LAST) NAME<br>SHIELDS  |  | 21. FIRST NAME<br>ALAN  |  | 22. M<br>L   |  | 23. SEX<br><input checked="" type="checkbox"/> M <input type="checkbox"/> F   |   | 24. RACE<br>21-JUN-1984  |   | 25. HT<br>907  |  | 26. WT<br>180  |   |                                       |  |
| SUBJECT INFORMATION   | 27. ADDRESS 1812 S 80TH COURT, CICERO, IL 60804   |  |   |  | 28. TELEPHONE NO   |  | 29. WAS SUBJECT ARMED/MOUTH (SPIT, BITE, ETC)<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                    |   |  |   | 30. SUBJECT INJURED<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |  | 31. SUBJECT ALLERGIC REACTION<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |   |                                       |  |
|   | 32. WHERE WAS MEDICAL TREATMENT OBTAINED?   |  |   |  | 33. BY WHOM?   |  | 34. CONDITION<br><input checked="" type="checkbox"/> Hospitalized <input type="checkbox"/> Not Hospitalized   |   |  |   | 35. UNDER INFLUENCE<br><input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Medication |  |  |   |                                       |  |
|   | 36. CHARGE(S) PLACE(S)<br>***** PLEASE SEE NEXT PAGE *****  |  |   |  | 37. DNA  |  | 38. CB NO<br>18323335   |   |  |   | 39. DNA  |  |  |   |                                       |  |
| REASON FOR USE OF FORCE<br>(Check all that apply)   | SUBJECT'S ACTIONS   |  | PASSIVE RESISTER  |  | ACTIVE RESISTER  |  | ASSAULT/ABUSE   |   | ASSAULT/BATTERY  |   | ASSAULT/DEADLY FORCE   |  |  |   |                                       |  |
|   | DO NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/><br>STIFFENED (DEAD WEIGHT) <input type="checkbox"/><br>OTHER _____   |  | FLED <input type="checkbox"/><br>PULLED AWAY <input type="checkbox"/><br>OTHER _____  |  | IMMINENT THREAT OF BATTERY <input type="checkbox"/><br>OTHER _____   |  | ATTACK WITH WEAPON <input type="checkbox"/><br>ATTACK WITHOUT WEAPON <input type="checkbox"/><br>OTHER HUMAN SALIVA _____                               |   | USE OF FORCE LIKELY TO CAUSE DEATH OR (GPA) BODILY HARM <input type="checkbox"/><br>WEAPON <input type="checkbox"/><br>OTHER _____ |   |  |  |  |   |                                       |  |
|   | MEMBER PRESENCE <input checked="" type="checkbox"/><br>VERBAL COMMANDS <input checked="" type="checkbox"/><br>ESCORT HOLDS <input checked="" type="checkbox"/><br>WRISTLOCK <input type="checkbox"/><br>ARMBAR <input type="checkbox"/><br>PRESSURE SENSITIVE AREAS <input type="checkbox"/><br>CONTROL INSTRUMENT <input type="checkbox"/><br>OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/><br>OTHER _____ |  | OPEN HAND STRIKE <input type="checkbox"/><br>TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/><br>OC/CHEMICAL WEAPON <input type="checkbox"/><br>CANINE <input type="checkbox"/><br>TASER (Probe Discharge) <input type="checkbox"/><br>TASER (Control Stim) <input type="checkbox"/><br>TASER (Spark Displayed) <input type="checkbox"/><br>OTHER _____ |  | ELBOW STRIKE <input type="checkbox"/><br>CLOSED HAND STRIKE/PUNCH <input type="checkbox"/><br>IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/><br>OTHER _____   |  | KNIFE STRIKE <input type="checkbox"/><br>KICKS <input type="checkbox"/><br>IMPACT MUNITION (Describe in Box 41) <input type="checkbox"/><br>OTHER _____ |   | FIREARM <input type="checkbox"/><br>OTHER _____  |   |  |  |  |   |                                       |  |
| WEAPON DISCHARGE INCIDENT   | 39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)   |  |   |  | 40. ADDITIONAL INFORMATION   |  |   |   |  |   |  |  |  |   |                                       |  |
|   | POSITION  |  | STAR NO.  |  | UNIT   |  |   |   |  |   |  |  |  |   |                                       |  |
|   | 41. WEAPON TYPE<br><input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN<br><input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER   |  | 42. INCIDENT OCCURRED<br><input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors  |  | 43. LIGHTING CONDITIONS<br><input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial |  | 44. WEATHER CONDITIONS<br>CLEAR   |   | 45. MAKE/MANUFACTURER  |   | 46. MODEL  |  | 47. BARREL LENGTH  |   | 48. CALIBER/GAUGE                     |  |
| 49. TASER DART ID NO.   |   | 50. WEAPON SERIAL NO. (Include Letters)  |   | 51. CHICAGO GUN REG. NO.                                     |  | 52. IL FIREARM OWNER ID NO.  |   | 53. HANDGUN CERTIFICATE NO.   |  | 54. SPECIAL WEAPON CERTIFICATE NO.  |  | 55. PROPERTY INVENTORY NO.   |  | 56. TYPE OF AMMUNITION USED   |                                       |  |
| 57. WHO FIRED FIRST SHOT<br><input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) |   | 58. WAS FIREARM RELOADED DURING INCIDENT<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |   | 59. NO. OF CARTRIDGES/SHOT SHELLS RELOADED                   |  | 60. HOW WAS MEMBER'S HANDGUN WORN<br><input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify) |   | 61. DID MEMBER USE SIGHTS<br><input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO |  | 62. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED<br><input type="checkbox"/> 01 0-5 FT. <input type="checkbox"/> 02 6-10 FT. <input type="checkbox"/> 03 10-15 FT. <input type="checkbox"/> 04 OVER 15 FT. |  | 63. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON<br><input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN |  | 64. POSITION OF MEMBER DISCHARGING WEAPON<br><input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) |                                       |  |
| CASE INFO.  | 65. NOTIFICATIONS (OC OR TASER INCIDENT):<br>NOTIFICATIONS (FIREARM INCIDENT):<br>Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.   |  |   |  | 66. SPECIFY METHOD/EQUIPMENT USED TO RELOAD  |  |   |   | 67. DID MEMBER USE SIGHTS  |   |  |  | 68. REPORTING MEMBER (Print Name)<br>BANDOLA, ROBERT S   |   |                                       |  |
|   | 69. REPORTING MEMBER (Print Name)<br>BANDOLA, ROBERT S  |  |   |  | STAR/EMPLOYEE NO<br>7810   |  |   |   | SIGNATURE  |   |  |  | 70. REVIEWING SUPERVISOR (Print Name)<br>POULOS, JOHN D  |   |                                       |  |
|   | 71. DATE/TIME<br>07-JUN-2016 04:48:24   |  |   |  | STAR/EMPLOYEE NO<br>814  |  |   |   | SIGNATURE  |   |  |  | DATE REVIEWED<br>07-JUN-2016 04:57:01  |   |                                       |  |
| SIGNATURES  | 72. REVIEWING SUPERVISOR (Print Name)<br>POULOS, JOHN D   |  |   |  |  |  |   |   |  |   |  |  |  |   | 73. DATE/TIME<br>07-JUN-2016 04:57:01 |  |
|   | 74. SIGNATURE   |  |   |  |  |  |   |   |  |   |  |  |  |   | 75. DATE/TIME<br>07-JUN-2016 04:57:01 |  |

### LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THIS REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER, 2) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER, 3) ALL INCIDENTS INVOLVING THE EXCHANGE OF IMPACT MINIMUMS BY A DEPARTMENT MEMBER, 4) ANY IEBR USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT OF INCIDENT TYPE IN 1 THROUGH 3

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THIS REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUPERVISOR'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☒ REFUSED

☐ INTERVIEW NOT CONDUCTED (Specify Reason)

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/LI believes that the officer followed all department policies, procedures, and the use of force according to the law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO./CROWD \_\_\_\_\_ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

WIBERG, WAYNE A

SIGNATURE

DATE COMPLETED

TIME

08-JUN-2016 01:54:03

79. TOTAL TRN# THIS EVENT NO.

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